(d) the steps taken to develop this valve on a large scale for the benefit of heart patients ?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. C. P. THAKUR) : (a) to (d) Sree Chitra Tirunal Institute of Medical Sciences and Technology, Thiruvananthapuram, in collaboration with the National Research Development Corporation, has developed an indigenous heart valve, named Chitra Valve. The National Research Development Corporation has transferred the technology to M/s T.T.K. Pharma for commercial exploitation of this technology. After successful clinical trials, the Chitra Valve costing around Rs. 14,000—Rs. 16,000/- has been implanted on over 5000 heart patients all over the country.

Status of malaria in Gujarat

*291. SHRI AHMED PATEL : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) the present status of malaria under National Health Programme in Gujarat;

(b) whether it is a fact that malaria cases are on the rise in the State; and

(c) if so, the corrective measures being taken by Government in this regard ?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. C. P. THAKUR) : (a) to (c) Malaria incidence in the State of Gujarat had shown declining trend in year 2000 as compared to year 1998 and 1999. However, during the current year, there has been an increase in incidence as per the report upto October in comparison to the corresponding period of last year.

Following measures are being taken for prevention and control of malaria:—

1. Early Detection and Prompt Treatment (EDPT) of cases has been intensified by gearing up surveillance.

2. Facilities for detection and treatment of cases have been extended to the village level by involving community volunteers as Drug Distribution Centre (DDCs) and Malaria Link Volunteers (MLVs) in high-risk areas.

3. Rapid Diagnostic Kits for malaria case detection has been introduced for piloting.

4. Identification of referral centre for the management of severe and complicated malaria.

5. Providing alternative anti-malarials in Choloroquine resistant area.

6. Vector Control measures have been intensified by prioritization of areas for selective spray with appropriate insecticides and alternative vector control methods.

7. Newer and more effective alternative insecticides like Synthetic Pyrethroids have been introduced in the programme.

8. Information Education and Communication (IEC) activities for creating public awareness have been intensified.

9. 8 (Eight) hard-core malaria and predominantly tribal districts of Gujarat namely Dangs, Valsad, Surat, Baroda, Panchmahal, Sabarkantha and Banaskantha, and 5 Malaria problematic towns namely Bharuch, Dohad, Godhra, Vododara and Ahmedabad have been included under Enhanced Malaria Control Project (EMCP) with World Bank support for additional inputs to intensify malaria control activities, since September, 1997.

10. Capabilities for Epidemic preparedness and rapid response are being strengthened.

Primary Health Infrastructure under Prime Minister Gramodaya Yojana

*292. SHRI RAMDAS AGARWAL : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Prime Minister's Gramodaya Yojana has provided Central allocation of Rs. 809 crore during the years 2000-2001 and 2001-2002 for the maintenance and upkeep of primary health infrastructure in rural India; and

(b) if so, the steps taken or proposed to be taken by his Ministry for the improvement in medical health care services in rural parts of Rajasthan and Orissa in particular and other remaining States in general in the context of current global threat of bio-terrorism, State-wise?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. C.P. THAKUR): (a) and (b) Yes, Sir. Rs. 382 crores were released as additional central assistance during 2000-2001 under Primary Health Component of Prime